

City of Saint Paul 2015 Plan Comparison

Health Service	Open Access Choice Plan with Deductible		Distinctions	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Calendar Year Deductible (applies to OOP Max)	\$2,500 per person \$3,500 per family	\$3,000 per person \$5,500 per family	None	\$300 per person \$900 per family
Calendar Year Out of Pocket Maximum Medical and prescription drugs (once OOP Max is met coverage is	\$3,500 per person \$3,500 per family	\$5,000 per person \$7,000 per family	\$3,000 single \$5,000 family	\$4,000 per person \$6,000 per family
Preventive Health Care	You pay nothing	No Coverage	You pay nothing	No Coverage
Office Visits Illness or Injury Physical Therapy Occupational Therapy Speech Therapy	You pay 20% after deductible	You pay 35% after deductible	\$35 copay for Benefit Level 1 \$50 copay for Benefit Level 2	You pay 35% after deductible
Chiropractic Services				
Mental Health Chemical Health				
Inpatient Hospital Care				
Outpatient Hospital Care	You pay 20% after deductible	You pay 35% after deductible	You pay nothing	You pay 35% after deductible
MRI/CT	You pay 20% after deductible	You pay 35% after deductible	You pay 20%	You pay 35% after deductible
Convenience Care	You pay 20% after deductible	You pay 35% after deductible	You pay \$15 per visit	You pay 35% after deductible
Virtuwell (online care)	First 3 visits - Free; 20% after deductible thereafter	No Coverage	First 3 visits - Free; \$15 copayment thereafter	No Coverage
Emergency Care Urgent Care Hospital ER Ambulance	You pay 20% after deductible	HealthPartners in-network Emergency Care benefit	You pay \$50 per visit You pay \$55 per visit You pay 20%	HealthPartners in-network Emergency Care benefit
		HealthPartners in-network benefit		HealthPartners in-network benefit
Prescription Drugs	\$10 generic formulary drugs \$20 brand formulary drugs	You pay 35% after deductible	\$10 generic formulary drugs \$20 brand formulary drugs	You pay 35% after deductible
Specialty Drugs	You pay 20% up to \$200 maximum per prescription per monthh	You pay 35% after deductible	You pay 20% up to \$200 maximum per prescription per monthh	You pay 35% after deductible
Preventive Dental	You pay nothing	No Coverage	You pay nothing	No coverage
Special Oral Surgery	You pay 20% after deductible	You pay 35% after deductible	You pay 20%	You pay 35% after deductible
Rates				
Single	\$553.26		\$671.74	
Family	\$1,446.40		\$1,756.59	
This is a general product comparison only. The products listed may not cover all of your health care expenses. For exact terms and conditions, refer to the Group membership Contract to determine which expenses are covered.				